

LOCAL GOVERNMENT INVESTMENT POOL TRANSACTION AUTHORIZATION FORM

1. Name of Entity: _____
2. Mailing Address: _____

3. Fax Number: (_____) _____

Do you wish to have your monthly LGIP statements faxed to the number listed above?

Please note - if you choose to receive statements via fax, you will not receive another copy via U.S. mail.

_____ **YES**, please fax statements _____ **NO**, please send statements via U.S. mail

4. Bank account where funds will be wired when a withdrawal is requested.
(**NOTE:** Funds **will not** be transferred to any account other than that listed).

Bank Name: _____

Branch Location: _____

Bank Routing Number: _____

Account Number: _____

Account Name: _____

5. Persons authorized to make deposits and withdrawals for the entity listed above.

<u>Name</u> (please print)	<u>Title</u>	<u>Signature</u>	<u>Telephone #</u>
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

6. By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.

_____	_____	_____
(Authorized Signature)	(Title)	(Date)

7. Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.
Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL
LEGISLATIVE BUILDING
PO BOX 40200
OLYMPIA WA 98504-0200

Date Received: ____ / ____ / ____ Fund Number: _____ (for LGIP use only)
